

**Michigan Department of Education**  
**Office of Grants Coordination & School Support Services**  
**2003-2004 Driver Education Report**

**Security Access Form**

(Required for Reimbursement of Program Costs via Electronic Reporting)

Due Date: Prior to Reporting

Submit one copy of this form for each person requiring "Enter/Certify" security level access to the Driver Education Reimbursement Report. A new form must be submitted ONLY if there is a NEW Designated Individual or changes for the Designated Individual submitted for FY 2002-2003. Complete all information and return the form as indicated in Step 5 below.

SCHOOL DISTRICT NAME: \_\_\_\_\_

SCHOOL CODE NUMBER: \_\_\_\_\_

**Step 1: Designated Individual**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Email Address - Required

\_\_\_\_\_  
Telephone Number

**Step 2: MEIS Account**

If an MEIS account already exists for the above designee, DO NOT CREATE ANOTHER ONE. Enter the existing account number below. If the individual does not have an MEIS account, go to the following URL: <http://meis.mde.state.mi.us/userman>, click on "Create an MEIS Account" and follow instructions.

**Enter MEIS Account Number: A 1** \_ \_ \_ \_ \_

**Step 3: Acknowledgement by Designated Individual** ("Enter/Certify" Security Level)

I agree to protect my user identification and password from unauthorized use. I understand all activity under my user ID is my responsibility. I further understand that by electronically submitting Driver Education Reimbursement application information, I am certifying that it is true and correct and is in accordance with state law and administrative rules.

\_\_\_\_\_  
Signature of Designated Individual

\_\_\_\_\_  
Date

**Step 4: Authorization by Superintendent or Administrator**

I attest that the above named individual is authorized to:

- Assure that the school district will comply with all applicable laws and rules of the Driver Education Program.
- Electronically submit and certify that all Driver Education Reimbursement Report information is accurate and correct.
- Assign enter/edit security privileges to the Driver Education Reimbursement Report to other individuals within this organization. (Please note, however, that only the above named individual may actually CERTIFY the information submitted. All edited information must be certified/re-certified or it will not be accepted for reimbursement payment calculation.)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Superintendent or Administrator

\_\_\_\_\_  
Date

**Step 5: Mail or fax this form to:**

Sue Howell  
Michigan Department of Education  
Office of School Support Services  
P. O. Box 30008  
Lansing, MI 48909  
**FAX: (517) 373-4022**